



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED

APR 21 AM 10:25

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>3-8-05</u> to <u>4-17-05</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>137569</u>	4. Candidate Last Name <u>White</u> First Name <u>Brian</u> M.I. <u></u>
2. Committee Name <u>CTE Brian White</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Warren Consolidated Schools Board of Ed. Trustee</u>
	4b. County of Residence <u>Macomb</u>
5. Committee's Mailing Address <u>2187 KOPER</u> <u>STERLING HTS MI 48310</u> Area Code and Phone <u>586 795 8540</u>	6. Treasurer's Name & Residential Address <u>Brian White</u> <u>2187 KOPER, STERLING HTS, MI 48310</u> Area Code & Phone <u>586 795 8540</u>
7. Treasurer's Business Address <u>17500 W. ELEVEN MILE</u> <u>LATHROP VILLAGE, MI 48076</u> Area Code and Phone <u>248 569 2500</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☒ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

5-03-05
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Brian White
Type or Print Name

Signature Brian White

Date 4 17 05
Mo Day Year

Candidate Brian White
Type or Print Name

Signature Brian White

Date 4 17 05
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137569

2. Committee Name

CIE Brian White

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	2215.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	2215.00	(18.) \$ 2215.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	- 0 -	(19.) \$ - 0 -
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	2215.00	(20.) \$ 2215.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	5404	(21.) \$ 5404
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	- 0 -	(22.) \$ - 0 -
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1217.43	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	- 0 -	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	- 0 -	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	1217.43	(23.) \$ 1217.43
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	- 0 -	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	- 0 -	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	- 0 -	(24.) \$ - 0 -
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	5404	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	- 0 -	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	- 0 -	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	2215.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	2215.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1217.43	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	997.57	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>PATRICK FENTON</u> Address: <u>1178 Brookwood, BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RAINBOW CHILD DEVELOPMENT</u> Business Address <u>17500 W. ELEVEN MILE, LATHRUP VILLAGE MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>48016</u>				500 ⁰⁰	500 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>LISA MURCHISON</u> Address: <u>33302 VICEROY DRIVE, STERLING HATS, MI 4830</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				40 ⁰⁰	40 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>GREG MURCHISON</u> Address: <u>33302 VICEROY DRIVE, STERLING HATS MI 4830</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				50 ⁰⁰	50 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-05</u> Name: <u>DEBORAH PARIT</u> Address: <u>29718 VanLan DR, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				100 ⁰⁰	100 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				690 ⁰⁰	690 ⁰⁰

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: Karol OKDIE Address: 26082 Amherst, Dearborn Hgts MI 48125 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	20 ⁰⁰	20 ⁰⁰
3. Contribution #2 Name: Rod BLIGHT Address: 2817 SILVERSTONE LN, WATERFORD, MI 48239 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	40 ⁰⁰	40 ⁰⁰
3. Contribution #3 Name: BENNETT BORSUK Address: 1940 LINDSAY LANE, ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	40 ⁰⁰	40 ⁰⁰
3. Contribution #4 Name: CHRIS ANGLE Address: 8056 4 MILE, WARREN, MI 48091 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	20 ⁰⁰	20 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		120 ⁰⁰	980 ⁰⁰

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

137569

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>JULIE BRIANT</u> Address: <u>3770 VILLAGE CT, TROY MI 48064</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 ⁰⁰	100 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>REBECCA HOGUND</u> Address: <u>21106 LITTLESTONE, HARPERWOODS MI 48365</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20 ⁰⁰	20 ⁰⁰
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>MARGARET BOND</u> Address: <u>3520 HEIN, STERLING HTS MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 ⁰⁰	40 ⁰⁰
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>NICHOLE REESMAN</u> Address: <u>4611 DUNDAR RORHESTER MI 48306</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20 ⁰⁰	20 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180 ⁰⁰	
		1160 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE BRIAN WHITE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>DOUG OWRY</u> Address: <u>3451 RHOEN, STERLING HTS MI 4830</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 ⁰⁰	40 ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>PAM ARNOLD</u> Address: <u>34895 BEAVER DR, STERLING HTS MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 ⁰⁰	40 ⁰⁰
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>STEVE ARNOLD</u> Address: <u>34895 BEAVER DR, STERLING HTS MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		80 ⁰⁰	80 ⁰⁰
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-20-05</u> Name: <u>JAMES CALLAGHAN</u> Address: <u>1616 LAKEVIEW, BIRMINGHAM MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25 ⁰⁰	25 ⁰⁰
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		185 ⁰⁰	
		1345 ⁰⁰	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: Charlene Casmar					
Address: 26304 Thomas, WARREN, MI 48091				20.00	20.00
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: Susan Kattula					
Address: 5310 DICKSON, STERLING HILLS MI 48310				25.00	25.00
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: TED LAMBIRIS					
Address: 30839 Brush St, MADISON HILLS MI 48071				20.00	20.00
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: KEN LEWANDOWSKI					
Address: 33747 NEWPORT DR, STERLING HILLS MI 48310				40.00	40.00
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal				105.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)				1450.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u></p> <p>Name: <u>MARY JO MATSU</u></p> <p>Address: <u>33829 RIAN, STERLING HILLS MI 4810</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40 ⁰⁰	40 ⁰⁰
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u></p> <p>Name: <u>JESSICA WILLS</u></p> <p>Address: <u>8702 ALWARD DR, STERLING HILLS MI 4813</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40 ⁰⁰	40 ⁰⁰
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u></p> <p>Name: <u>RHONDI MCGILL</u></p> <p>Address: <u>33562 BRECKENRIDGE, STERLING HILLS MI 4830</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40 ⁰⁰	40 ⁰⁰
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-10-05</u></p> <p>Name: <u>FERN COHEN</u></p> <p>Address: <u>42600 OLD DOMINION, WEST BLOOMFIELD MI 48303</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		25 ⁰⁰	25 ⁰⁰
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		145 ⁰⁰	1595 ⁰⁰

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

137569
CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: APRIL VANCE Address: 2706 KOPEL, STERLING HTS, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	80.00	80.00
3. Contribution # 2 Name: ROB VANCE Address: 2706 KOPEL, STERLING HTS MI 48310 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	80.00	80.00
3. Contribution # 3 Name: SUSAN HOWARD-BROWN Address: 3169 BELLEAU, WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 3-11-05	80.00	80.00
3. Contribution # 4 Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		240.00 1835.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>ROSE HOWARD</u> Address: <u>4510 Brown, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>40⁰⁰</u>	<u>40⁰⁰</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>LINDA SPRANGER</u> Address: <u>29755 Ohmer WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>60⁰⁰</u>	<u>60⁰⁰</u>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>DAVID LOEWEN</u> Address: <u>32502 Grinsell WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>40⁰⁰</u>	<u>40⁰⁰</u>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>JULIE SROKA</u> Address: <u>31634 BELLEVUE, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>40⁰⁰</u>	<u>40⁰⁰</u>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>180⁻</u>	
		<u>2015⁰⁰</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

137659
CTE Brice White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: ROBIN LILLY					
Address: 38225 Cherwood Dr Troy MI 48083					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				100 ⁰⁰	100 ⁰⁰
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	3-11-05		
Name: CHARLES WHITE III					
Address: 29368 DEQUINDRE, WARREN, MI 48092					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				800 ⁰⁰	800 ⁰⁰
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: CHERYL VICKERS					
Address: 27237 TOWNSEND, WARREN, MI 48092					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				200 ⁰⁰	200 ⁰⁰
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name:					
Address:					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal					
Grand Total of All Schedules 1A				200 ⁰⁰	
(Complete on last page of Schedule)				2215 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

137569

2. Committee Name

CTE Brian White

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brian White</u> Address: <u>2187 KOPER</u> <u>STERLING HILLS MI</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>COPIES + FLYERS</u> 5. Date Of Receipt: <u>3-16-05</u> 6. Vendor Name & Address: <u>OFFICE DEPOT</u> <u>TROY MI</u>	5404	5404
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

5404

5404

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

137569

2. Committee Name

CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>ASTRO LANES</u> Address <u>32388 JOUR</u> <u>MADISON HGT MI</u> <u>48071</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3-11-05	600 ⁰⁰
Expenditure #2 Name <u>GORDON FOOD SERVICE</u> Address <u>15 MILE TROY MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3-11-05	50 ⁰⁰
Expenditure #3 Name <u>KINKOS</u> Address <u>37160 VANDYKE</u> <u>STERLING HGT MI</u> <u>4832</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3-25-05	293 ⁰²
Expenditure #4 Name <u>MASS MAILINGS</u> Address <u>PO Box 1299</u> <u>STERLING HGT MI</u> <u>4831</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE / MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3-21-05	104 ⁸³
Expenditure #5 Name <u>BRIAN WHITE</u> Address <u>2187 KOPER</u> <u>STERLING HGT MI</u> <u>48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAYMENT OF DEBT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	3-7-05	169 ⁵⁸

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1217.43

1217.43

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

137659

2. Committee Name

CTE Brian White

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Brian White 2187 Kaper Sterling Hgbl 14830	4. Type: COPIES + PAPER 5. Date Debt Was Incurred: 3-10-05 6. Original Amount of Debt: \$ 5404	1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$	\$ - 0 -	\$ 5404 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Brian White 2187 Kaper Sterling Hgbl 4830	4. Type: PHOTO 5. Date Debt Was Incurred: 2-18-05 6. Original Amount of Debt: \$ 169.58	37705 169.58 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$	\$ 169.58	- 0 - <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$ 1 1 \$		 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

3-11-2005
Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

70

5. Type of Fund Raising Activity

Bowling &
Pizza

6. Address and Name (If any) of the
place where the activity was held

ASTRO LAWS
33388 John R, Madison Hgts
MI 48071
☐ Private Residence

7. Total Contributions

1555.00

8. Other Receipts

- 0 -

9. Gross Receipts (Add lines 7 and 8)

1555.00

10. Total Cost of Event

(Total Cost includes In-Kind Contributions
and All Expenditures Made For the Event)

650.00

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.